MAXIMUS Federal Services

Case Number:	CM14-0020776		
Date Assigned:	04/30/2014	Date of Injury:	02/20/2013
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 55 year-old female with date of injury of 02/20/2013. Based on the 02/03/2014 report, patient presents with left shoulder pain. Physical examination revealed pain elicited by motion of the left shoulder. The listed diagnoses per [redacted] are: 1.Type 2 SLAP tear, superior labrum; 2.Type 1 labral tear, anterior and posterior labrum; 3.Subacromial Impingement; 4.Acromioclavicular joint arthritis; 5.Rotator Cuff Syndrome/Impingement Syndrome; 6.Sprain Shoulder; Rotator Cuff. MRI of the left shoulder dated 03/29/2013 revealed signal heterogeneity of the superior labrum secondary to degenerative change or a SLAP 1 tear, subcoracoid fluid collection, possibly manifestation of bursitis and mild degenerative change acromioclavicular joint. The patient had a left shoulder arthroscopic SLAP repair, Arthroscopic subacrominal decompression and extensive debridement of glenohumeral joint on 09/20/2013. [redacted] is requesting physical therapy 2 times a week for 4 weeks. The utilization review determination being challenged is 02/13/2014. [redacted] is the requesting provider and he provided treatment from 05/04/2013 to 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 2 X 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SHOULDER (POST-SURGICAL MTUS Page(s): 25, 26.

Decision rationale: Based on the 02/03/14 report by [redacted]., the patient came in for a re-evaluation of the left shoulder pain. Per treating provider, "She states she is doing well but she continues to have some stiffness." Per 02/03/2013 report, [redacted] requested for physical therapy 2 times a week for 4 weeks. The 09/26/2013, 10/10/2013, 11/07/2013, 12/30/2013, and 01/06/2014 reports all authorized a total of 50 physical therapy sessions. None of the reports mentioned the impact the physical therapy had on the patient. MTUS page 26 and 27 allow 24 visits over 14 weeks postsurgical for rotator cuff syndrome/Impingement syndrome and 24 visits over 14 weeks postsurgical for sprained shoulder/rotator cuff. Review of the reports indicates that the patient has already exceeded 24 visits of physical therapy within 6 months post-surgery. Therefore, the request for eight (8) physical therapy sessions is not medically necessary and appropriate.